



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
Phone: 214 732 9359 | Fax: 972 980 7836

**IRO CASE #**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical therapy 2/week x 3 weeks 6 sessions.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

**M.D. Board Certified in Occupational Medicine and Urgent Care**

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Upheld                | (Agree)                          |
| <input checked="" type="checkbox"/> Overturned | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned  | (Agree in part/Disagree in part) |

**PATIENT CLINICAL HISTORY [SUMMARY]**

The patient is a XX-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of XX/XX/XX.

Thus far, he has been treated with the following: Analgesic medications; knee arthroscopic partial medial meniscectomy procedure of September 1, 2015 and 12 sessions of postoperative physical therapy, per the claims administrator.

In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve a request for six additional sessions of physical therapy. The denial was upheld via a subsequent Utilization Review report. The patient and/or treating provider appealed further. In an October 30, 2015 progress note, the patient reported ongoing complaints of knee pain and issues with residual limp. Residual medial joint line tenderness -5 to 120 degrees knee range of motion and small effusion was present with some residual weakness appreciated about the knee on repetitive squatting. Limping was evident. A knee support and additional sessions of physical therapy was sought. Work restrictions were endorsed. The patient was asked to pursue predominantly active modalities to include usage of a stationary bicycle.

**ANALYSIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION AND EXPLANATION OF THE DECISION. INCLUDE CLINICAL BASIS.**

Per ODG references the requested "Physical therapy 2/week x 3 weeks 6 sessions" is medically necessary.

The patient appeared to have impairment above and beyond that encapsulated in the guidelines, it was suggested on a progress note dated October 30, 2015. The patient still had a limp and exhibited a knee joint effusion. Range of motion deficits were still evident. Functionally, the patient had yet to return to regular work. Additional treatment on the order of that proposed was, thus, indicated to ameliorate the patient's residual functional deficits. The patient had made strides with the 12 prior sessions of treatment in terms of the functional improvement parameters established in the ODG's Knee Chapter Functional Improvement Measures topic as evinced by the patient's improving range of motion, strength, and work status. Additional treatment on the order of that proposed is indicated. Therefore, the request is medically necessary.



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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR  
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES